THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THAR A DEVI SIDDHAR-THA): (a) Yes, Sir.

(b) As per reports received from the State Governments the State-wise mortality and morbidity due tc Kala-azar during the past three years is as under: —

State	1989		1990		1991	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Bihar	30903	477	54650	589	59292	865
West Begal	3573	20	3037	16	2030	3
Uttar Pradesh	2	0	8	1	24	1
Assam	3	0	2*	..	..	..

*** Imported from Bihar.**

Delhi, Maharashtra, Karnataka and Tamil Nadu have also reported Kala-azar eases that are imported from Bihar and treated in these States/U.T.

(c) According to the reports received from the State Governments, *the* available health facilities are being strengthened to arrest the spread of kala-azar. Staff at various levels have been identified and diagnostic and treatment facilities at peripheral level are also being augmented.

(d) The following measures have been taken/proposed to be taken to prevent epidemic of Kala-azar;

(1) Regular monitoring of the supply and production of anti-Kala-Azar drugs, viz., Sodium,Antimony Gluconate (SAG) by Central and State Governments. It has been impressed upon the manufacturers to increase the production and M'/s Indian Drugs and Pharmaceutical Limited, a Public Sector Undertaking has also indicated that it will endeavour to supply SAG initially at the rate of 20,000 vials per month.

(2) Government has allowed import of Gluconic Acid and Tartaric Acid—the two important ingredients required for manufacture of SAG to the indigenous manufacturers.

(3) Adequate quantities of both indigenous Sodium Stibo Gluconate and imported Pentamidine Isothio-na'te are being made available to the State Governments.

(4) Orientation and Training of Medical and Paramedical Personnel for early detection and treatment of Kala-azar cases.

(5) Intensification of Health Education activities for disease prevention.

(6) Interruption of transmission through vector control by underta king residual insecticidal spray in affected areas with two rounds of DDT.

Expenditure on health

2917. SHRI KAMAL MORARKA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the percentage of Gross Domes tic Production spent on health in 1990 and at present;

(b) the per capita expenditure on health for the above years;

(c) how the same compares with that of USA, France, Japan and the U.K.;

(d) whether Government propose to increase the expenditure on health during the Eighth Plan; and

(e) if so, the plan allocation made for health and its comparison with allocation of Seventh Plan?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) to (e) According to the statistics compiled by the Central Statistical Organisation relating to 1989-90 the total Government expenditure on health as a percetage of GDP is 0.8 per cent*. No reliable published figures beyond this date are available Further, according to the Central Bureau of Health Intelligence report. the per capita expenditure on Health and Family Welfare in India during 1987-88 was Rs. 67.78. No reliable published data to enable international comparisons on per capita expenditure on health are available.

The Plan allocation for the 7th and 8th Plans for Health and Family Welfare are as indicated below:

(Rs. in crores)

	7th Plan outlay	8th Plan outlay
1. Health Sector Programme (Central, States and Union Territories	3,392.89	7,575.92
2. Family Welfare Programme	3,256.26	6,500.00
Total :	6,649.15	14,075.92

* Total Government expenditure re rates to current and capital expenditure of Central and State Governments including transfer to local bodies. non-profit institutions and others. It does not include expenditures incurred on medical and health services by local bodies, departmental and non-departmental undertakings. Similar expenditures made by private institutions out of their own r< sources are not included.

Setting up of Health Centres in Himachal Pradesh

2918. SHRI KRISHAN LAL SHARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that U.N. has provided Rs. 35 crores for setting up of health centres in Himacha! Pradesh;

(b) if so, what are the main features of these centres;

(c) where these centres are likely to *be* set in the State; and

(d) whether the implementation will be through State Government or the Central Government itself?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) to (c) A Family Welfar-3 Area Project is being implemented in Himachal Pradesh with the total project cost of Rs. 35.29 crores with effect from April, 1990 for a period of 5 years i.e. 1990-91 to 1994-95. This project is being fully funded through grants received from United Nations Fund for Population Activities (UNFPA): The main features of the project are Health and Family